State Education and Training April 15, 2014

Present: Kevin Brown, Nancy Brunet, David Burich, Alan Henschke, Rick Ortyl, Richard

Sanders, Daniel Tauber, David Tauber,

Excused: Blair Blamforth, Josh Beaulieu, Ralf Coler, Skip Gelati, Art Romano, Chet

Sergey, Michael Zacchera

Guests: David Bailey

Meeting called to order at 0935

March minutes approved without changes: passed unanimously

OEMS Update

Naloxone for first responders has been approved. Will need educational program developed Ms. Coler and Ms. Brunet will begin development of program

EMS Expo May 29, 30 & 31

Mobile Integrated Healthcare conference June 10th in New Britain

Top will be covered in multiple formats at EMS Expo

Fire Rehab guidance memo released: recommend sponsor hospital oversight and approval Existing programs involving medical monitoring should have sponsor hospital review to determine medical appropriateness

Old Business

CSEMS-I: annual meeting and seminar in Rocky Hill March 22nd well attended

Membership improving

Lanning early September seminar

CEMSAB: legislative bill review remains primary topic

AEMT Bill did not come out of Public Health Committee

OEMS will need to determine where to go next and in what

format, what timeframe

Per 2012 policy statement the AEMT will practice at I-85 level

<u>CEMSMAC:</u> unified statewide guidelines – working through cardiology section

Naloxone now available in auto-injector route

Medical Directors have approved intranasal and / or autoinjector

route

Rad 57 – CO oximetry devices not appropriate for use at EMR / EMT level; can be used by paramedics if approved by sponsor hospitals AEMT topic of discussion – medical directors appear to still not favor

continuance of this level of practice

Transition Materials for Teaching: transition materials all out

Exam almost ready for roll-out

Go-live date still to be determined

Transition T-1 must be used for all recertification courses

New date will reflect March update

PTPC: discussion regarding clinical site requirements, specifically intubation

requirements, has resurfaced

Bridgeport Hospital Paramedic Program has received accreditation

Now have 4 accredited program in CT (CCC, NHSHP, B-port, Goodwin)

NHSHP has now affiliated with University of New Haven for BS in Paramedicine

Enrolled 6 students in first week

Capital has been approved for Fire Science track for their Paramedic degree

program

Regulations Review: tabled

Spinal Motion Restriction Guidelines: working hour discussion

Goals and Objectives have been completed and

distributed to committee for final input

New Business

Committee Goals for 2014

Educational Packets for:

CCR

Naloxone

BLS 12 Lead ECG

Chair's Report

No report – Ms. Coler excused

Info Sharing

Course update posted on CORC website

EMS Week May 18 - 24

CT EMS Expo – May 29-31 at Mohegan Sun

Medical Preparedness to Bombings - Rocky Hill EMS April 26 & 27 (Texas A&M)

2014 EMS night at New Britain Rock-Cats being sponsored by AHA Mission Lifeline

Working Meeting Hour

Spinal Motion Restriction Guidelines:

Educational program approved at March meeting

Goals and Objective developed and distributed to Education and Training

All comments received and incorporated into program

Theory overall is to determine which subset of patients are appropriate for Spine Motion Restriction. Selective Spinal Immobilization is no longer theoretically applicable

David Tauber addresses need to identify objective (cognitive and affective) on negative sequelae of back-boarding and theory behind change in practice

Particularly important for recertification programs and EMS-I roll-out Goals and Objectives document will be distributed one final time with limited timeframe for final committee input before distribution

Mr. Burich questions the need for post-test to assess understanding of SMR concept Can we equally assess competency through psychomotor program application Written assessment do not exist for Tourniquet, CPAP, ASA or Glucometry

Naloxone for First Responders

Peter Canning has secured permission from Central Massachusetts to utilize their existing Program

Ms. Coler and Ms. Brunet will work on program for Education & Training Goals and Objectives

Final program will need to address issue of proper patient identification, identification of multi-substance effects when opiates blocked, and **basic** airway management

Significant time constraints on development of Naloxone training to roll out by July 1st Program length needs to be appropriate to content without becoming excessively lengthy Mr. Brown suggests posting on CT Train to allow for reaching greatest numbers in limited time.

Mr. Henschke concerned about POST agreeing to this format for police departments in his area

Content will need to be addressed as CT Specific content for initial courses

Public awareness has been significant based on media initiatives

Meeting adjourned at 11:00 Next meeting: May 20th at CHA